BEST AVAILABLE COPY

								SERIAL NO.				FILING DATE			
MULTIPLE DEPENDENT CLAIM							L								
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								APPLICANT(S)							
		FOR US	E WITH .	FORM P	10-875)		LAIMS								
	AFTED AFTED								*						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					<u> </u>		<u> </u>		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	l L		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51							
2	1							52							
3	-	ス						53							
4		3						54					·		
5)						55		• • •	.*				
6		1						56							
7		1						57							
8		2						58							
9		7			· · · · · ·			59							
10		2						60							
11		2			-			61							
12	1							62							
13	,							63				,			
14	•	2						64							
15		2					-	65							
16		2						66							
17								67							
18							 -	68				·			
19		2						69							
20		2						70							
21		2					-	71					_		
22		ā						72					-	<u> </u>	
23		, , ,			<u> </u>		 -	73					 		
24					ļ		 	74					 		
25							⊢	75							
26	-				ļ		<u> </u>	76					-		
27					 		-						}	 	
28							-	77					-	 	
29					-		-	78					ļ		
30							 	79						-	
							 -	80							
31					-		l ⊢	81			-			 	
							l ⊢	82	-					 	
33								83					 	}	
34							-	84		·			 	-	
35			1	 -			-	85 86					 	 	
36				 	 		-	86			<u> </u>		ļ	-	
37		ļ	 	 	 -		-	87			 	ļ	}	-	
38			 	ļ	 	ļ	-	88	-		ļ	 	 	 	
39			 	ļ	 		 	89			ļ		<u> </u>	 	
40	<u> </u>			-				90						 	
41			_	ļ	 		-	91			ļ		<u> </u>	 	
42		ļ	ļ		<u> </u>			92							
43				ļ	L		<u> </u>	93			ļ		<u> </u>	ļ	
44		<u> </u>		ļ				94					 	ļ	
45		<u> </u>		ļ			_	95	_	ļ			ļ	ļ	
46		<u> </u>					<u> </u>	96	_					<u> </u>	
47		 		ļ	 			97					ļ	<u> </u>	
48		ļ	.		<u> </u>			98							
49					<u> </u>			99				ļ	<u> </u>		
50			ļ		<u> </u>			100							
TOTAL	4		l				T	OTAL ND.						1	
TOTAL	2-	الب		الم		ا ب	1	OTAL		اله		لہ		لب	
DEP.	34	· · · · ·	 		 		L.	EP.		,		,	 		
CLAIMS	36	1			<u> </u>		c	OTAL LAIMS			L		1	I	